

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No.: 0938-

State: Maine

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation  
42 CFR  
435.10 and  
Subpart J

2.1 Application, Determination of Eligibility and  
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 91-14  
Supersedes  
TN No. 85-00

Approval Date MAY 26 1992 Effective Date OCT 01 1991

**OFFICIAL**State                      Maine

Citation  
42 CFR  
435.914  
1902(A) (34)  
of the Act

2.1 (b) (1) Except as provided in items 2.1(b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.

1902(e) (8) and  
1905(a) of the

(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a) (10) (E) (I) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a) (47) and

X (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

(c) The Medicaid agency elects to enter into a risk contract with an HMO that is --

  x   Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m) (3) of the Social Security Act.

  x   Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.

       Not applicable.

Note: In addition the State has non-risk contracts with primary care providers for the provision of primary care case management services.

TN No.   96-010  

Supersedes

Approval Date:   1/14/97  

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TN No.   93-005

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September 1991

OMB No.

State/Territory: MAINE

Citation

1902(a)(55) of the Act      2.1(d)      The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

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TN No. 91-13      Approval Date NOV 19 1991      Effective Date JUL 01 1991  
Supersedes \_\_\_\_\_  
TN No. \_\_\_\_\_  
HCFA ID: 7985E